

DOCKET NO. RM-10778

CE/C 303

**CERTIFIED
MAIL**

ORDER DATED <u>10/8/04</u>
<u>DA</u> FCC <u>04-3170</u>
MIMEOGRAPH NO.

RETURN

RECEIPT

REQUESTED

*RM-10778

NAME: Capstar TX Limited Partnership
Licensee of FM Station KIOC
2625 S Memorial Drive
Suite A
Tulsa, OK 74129

C. R. R. NO.

BY

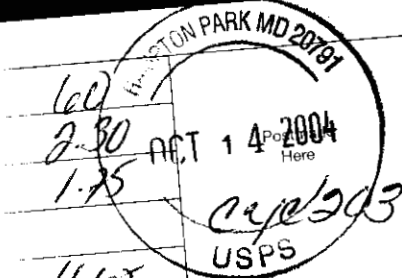
**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

7002 0510 0003 8378 8051

Return to:
(Endorsee's name)
Restricted:
(Endorsee's name)

Total Postage

\$ 4.65



Sent by CAPSTAR TX Limited
Street, Apt. or PO Box 2625 S MEMORIAL DR.
City, State TULSA, OK 74129
PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

RM-10778

Capstar TX Limited Partnership
Licensee of FM Station KIOC
2625 S Memorial Drive
Suite A
Tulsa, OK 74129

2. Article Number (Copy from service label)

7002 0510 0003 8378 8051

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Signature

X BL REEDER ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes